

Vision Benefits

July 1, 2006 – June 30, 2007

Schedule of Benefits		
Benefit Coverage ¹	In-Network Coverage ¹	Out-of-Network Coverage
Vision Exam	Covered in full	\$45 Allowance
Lenses (per pair)		
Single	Covered in full	\$52 Allowance
Bifocal	Covered in full	\$82 Allowance
Trifocal	Covered in full	\$101 Allowance
Frames		
Tower Collection Frames	Approximately 270 frames Covered in full	N/A
Non Tower Frame at Independent Provider	\$45 Allowance ²	\$45 Allowance
Frame at Retail Provider	\$90 Allowance	\$45 Allowance
Contact Lenses		
Medically Necessary Lenses	Covered in full with prior approval	\$285 Allowance
Single Vision Lenses	\$97 Allowance	\$97 Allowance

Benefits are provided for one exam and one pair of glasses or contact lenses per year.

¹Services must be rendered by a Davis Vision provider.

²Plan pays \$45 allowance towards wholesale cost. If more than allowance, you pay 2 times the difference between the wholesale cost and \$45 allowance (Example: Wholesale cost = \$50; you pay \$5x2 = \$10).